

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016468

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 232

FILED MAY 8 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin Mo		c. CITY OR TOWN So Greenfield Mo rtl	
Length of stay in 1b 4 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) 7mi So.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) Cena C Monger			4. DATE OF DEATH Month April Day 27 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec 22 1884	9. AGE (last birthday) 78	10. IF UNDER 1 YEAR Months 4 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired House wife			11. BIRTHPLACE (City and state or country) Denmark		
12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME George Nelson			13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE Walter Monger					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. Unknown		
17. INFORMANT Walter Monger So. Greenfield Mo rtl					

18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism DUE TO (b) Phlebitis location unknown DUE TO (c) _____ Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial degeneration, obesity		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 4-17-63 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gold Field		20f. CITY, TOWN, OR LOCATION Gold Field Iowa		COUNTY STATE	
21. I attended the deceased from 4-17-63 to 4-27-63 and last saw her 4-27-63 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James Ayerhow (Degree or title)		22b. ADDRESS Frisco Bldg, Joplin, Mo.		22c. DATE SIGNED 4-30-63	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE May 2 1963	23c. NAME OF CEMETERY OR CREMATORY Gold Field		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Allison Funeral Home Greenfield Mo.		25. DATE RECD. BY LOCAL REG. 5-3-1963		26. REGISTRAR'S SIGNATURE Dove Merriam	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Hampton Bldg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.